

# Weekly Operational Update on COVID-19

13 November 2020



Confirmed cases<sup>a</sup>

**53 164 803**

Confirmed deaths

**1 300 576**

## WHO and GOARN partners provide technical support to Papua New Guinea's COVID-19 pandemic response

WHO is providing technical and capacity building support to the National Department of Health (NDOH), Papua New Guinea (PNG), the leading national agency for COVID-19 preparedness and response coordination.

The NDOH with support from WHO is implementing the national emergency preparedness and response plan and the national communications plan, providing technical



Credit: Renagi Katiola Ugava Taukarai/WHO

support and training on surveillance, laboratory, quarantine monitoring, infection prevention and control (IPC), clinical management, logistics and supplies management, logistics and supplies management, and coordinating health sector partners engaged in the response.

To enhance the field response the Global Outbreak Alert and Response Network (GOARN) has deployed several surveillance and laboratory technical experts to Papua New Guinea. Working in collaboration with NDOH staff and WHO teams, GOARN experts have assisted in strengthening the national COVID-19 response operations and local capacity building initiatives.

This support to PNG is among a wider response from GOARN to multiple countries recognizing that no single institution has all the capacity to respond and control the COVID-19 pandemic.

For more information on GOARN's on going support of the COVID-19 response, click [here](#)

## Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



**124** GOARN deployments conducted to support COVID-19 pandemic response



**17 615 625** respirators shipped globally



**186 269 499** medical masks shipped globally



**8 082 336** face shields shipped globally



**4 045 648** gowns shipped globally



**19 148 900** gloves shipped globally



More than **4.6 million** people registered on [OpenWHO](#) and able to access **140** COVID-19 online training courses across **19** topics in **42** languages

<sup>a</sup> For the latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

## 73<sup>rd</sup> World Health Assembly set to strengthen preparedness for health emergencies

The [World Health Assembly](#) (WHA) is the decision-making body of WHO, attended by delegations from all WHO Member States. The WHA usually takes place in May. This year, given the COVID-19 pandemic, a reduced WHA took place on 18-19 May and the resumed WHA73 took place virtually on 9-14 November 2020.

WHA73 began with the Director-General's opening remarks noting the heavy toll of the COVID-19 pandemic, the global preparedness and response efforts, and the importance of science, solutions and solidarity

In a year that has seen more than 1.2 million lives lost to a deadly coronavirus pandemic, WHO's 194 Member States adopted a resolution to strengthen preparedness for health emergencies.

The resolution renews the commitment to better prepare for health emergencies such as COVID-19, through full compliance with the International Health Regulations (2005).



*President of the Assembly, Ms Keva Bain from the Bahamas/WHO*

It urges Member States to “dedicate domestic investment and recurrent spending and public funding to health emergency preparedness,” and to “improve government and decision-making processes and enhance institutional capacity and infrastructure for public health.”

It also calls on the global health community to ensure that all countries are better equipped to detect and respond to cases of COVID-19 and other infectious diseases.

During the course of WHA73, Member States also heard interventions from the Chair of the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme and the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response (IPPR), which was established by the WHO Director-General pursuant to Health Assembly resolution WHA73.1 (2020).

For more on WHA73, see this [website](#).

## From the field:

### Rapid antigen tests arriving in four countries in the Americas

The Regional Office of the Americas has deployed 190 000 new COVID-19 antigen diagnostic tests to Ecuador, El Salvador, Honduras and Suriname and is conducting training to implement pilot testing of their operation. In addition, consultations and training on implementation of the COVID-19 antigen-based rapid diagnostic test are being undertaken in Jamaica, Bolivarian Republic of Venezuela, Honduras, Costa Rica, and Trinidad and Tobago.

These tests, recently approved by WHO, could transform COVID-19 response by allowing health workers to undertake accurate, rapid testing of symptomatic patients, even in remote communities.

“By providing results quickly, the new test will empower frontline health workers to better manage cases by isolating patients to prevent further spread and to begin treatment immediately,” the WHO Regional Director for the Americas, Carissa Etienne said recently. “If distributed widely, this new test will transform our COVID response.”



*Credit: WHO*

She added that these diagnostic tests will be particularly useful in hard to reach areas, which have been disproportionately impacted by the pandemic and which are without easy access to a laboratory.

PCR diagnostic tests, which are highly accurate and must be conducted in laboratory settings remain the gold standard for testing, but take more time for results to become available. Antigen detection tests do not replace PCR but can be useful for mild or ambulatory suspected cases, and eventually for contacts of confirmed patients in close settings.

PAHO's Strategic Fund, a regional mechanism for pooled procurement of essential medicines and health supplies, is facilitating access to these diagnostic tests, which are a part of the WHO Access to COVID-19 Tools (ACT) Accelerator to develop, procure and distribute critical new tools to fight the pandemic.

For more information click [here](#)



## Health Learning

### Online learning

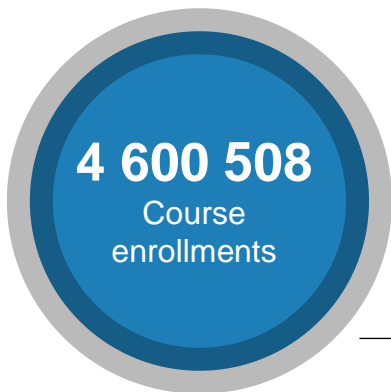
WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

**Real-time training for COVID-19**  
Free online courses from WHO

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

**OpenWHO.org**



**42 languages**

**Over 2.3 million certificates**

**140 COVID-19 courses**

### Simulation exercise

WHO recently updated several COVID-19 table top simulation exercise packages based on updated WHO global guidance. These exercise packages are now available online and include:

- Generic table top exercise
- Health Facility & Infection Prevention and Control (IPC) table top exercise
- Points of Entry (POE) table top exercise

All updated COVID-19 simulation exercises can be found [here](#)



### COVID-19 Preparedness

#### Countries share their experience conducting a COVID-19 Intra-Action Review (IAR)

During the fifth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic in late October 2020, temporary recommendations were issued to States Parties to “continue to share with WHO best practices, including from [intra-action reviews](#).”

To highlight the current country experience of IAR implementation, the Director General of the World Health Organization (WHO) brought together Ministers of Health of Indonesia, Thailand, and South Africa this week to discuss using the IAR tool to improve response actions. “By reviewing and adapting the current preparedness and response strategies and identifying what is working well and what needs to be strengthened”, said Dr Tedros, “the review gives countries the opportunity to change the trajectory of the pandemic”.

Following the country’s IAR conducted in August 2020, Indonesia revised its COVID-19 response plan and uploaded its updated plan to the COVID-19 Partners Platform. Since its initial national IAR in August, Indonesia plans to roll-out reviews at the subnational levels. As the Partners Platform provides avenues for countries to share their IAR results or summaries of best practices and recommendations at both the national and subnational levels, WHO expects more countries to join Indonesia in sharing the results of the IARs through the Partners Platform.

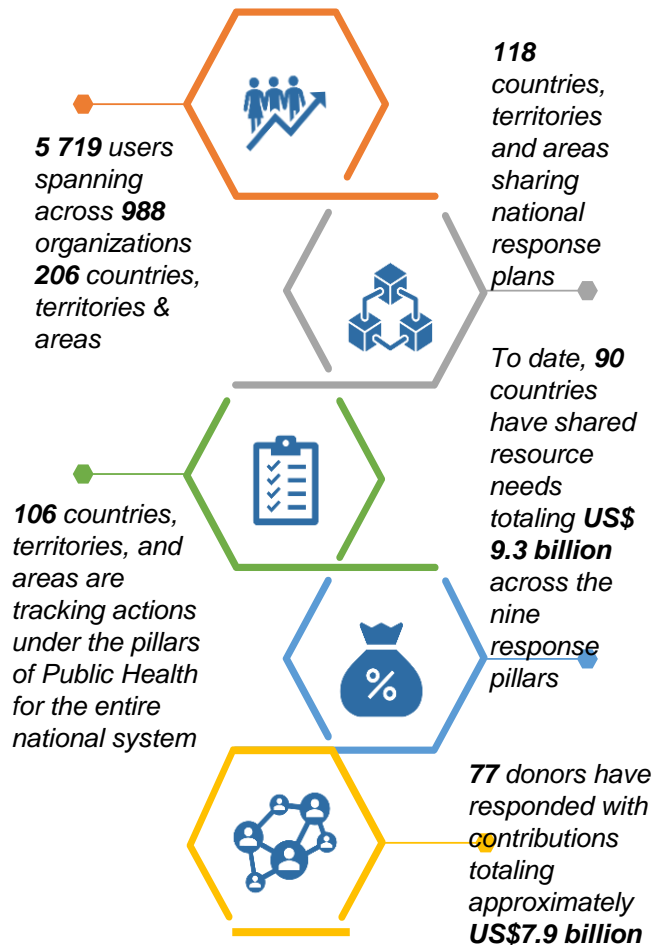
Following the Emergency Committee’s recommendations, WHO continues to support countries to scale-up planning, implementing, and follow-up of IARs. To date, 27 IARs have been completed and 17 more are being planned.

All available IAR reports will be included on The Strategic Partnership for IHR (2005) and Health Security (SPH) Portal which provides up to date information on the progress and status of national IHR (2005) assessments. It also supports multisector partnership coordination for health security including technical support and investments for national capacity building plans.

For more information on country implementation of IARs, click [here](#)

### COVID-19 Partners Platform

The [COVID-19 Partners Platform](#), developed collaboratively by WHO and the United Nations Development Coordination Office (UN DCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event.



## Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 13 November, 2020

| Shipped items as of 13 November 2020 | Laboratory supplies |                  |                        | Personal protective equipment |                   |                  |                  |                    |                   |
|--------------------------------------|---------------------|------------------|------------------------|-------------------------------|-------------------|------------------|------------------|--------------------|-------------------|
|                                      | Region              | Antigen RDTs*    | Sample collection kits | Tests (Manual PCR)            | Face shields      | Gloves           | Goggles          | Gowns              | Medical Masks     |
| Africa (AFR)                         |                     | 2 514 015        | 1 308 212              | 1 354 364                     | 3 382 300         | 158 999          | 1 200 948        | 50 773 789         | 2 148 314         |
| Americas (AMR)                       | 1 658 000           | 1 015 112        | 10 496 128             | 3 826 501                     | 88 000            | 301 180          | 1 144 570        | 56 396 710         | 7 808 056         |
| Eastern Mediterranean (EMR)          |                     | 648 760          | 1 108 420              | 790 085                       | 4 911 000         | 116 260          | 398 522          | 24 691 550         | 1 207 995         |
| Europe (EUR)                         |                     | 192 800          | 423 460                | 1 704 850                     | 7 190 100         | 374 720          | 985 048          | 38 631 500         | 5 126 950         |
| South East Asia (SEAR)               |                     | 1 172 400        | 1 825 800              | 87 336                        | 1 895 500         | 81 550           | 218 050          | 5 406 300          | 353 075           |
| Western Pacific (WPR)                |                     | 90 800           | 246 864                | 319 200                       | 1 682 000         | 105 167          | 98 510           | 10 369 650         | 971 235           |
| <b>TOTAL</b>                         | <b>1 658 000</b>    | <b>5 633 887</b> | <b>15 411 004</b>      | <b>8 082 336</b>              | <b>19 148 900</b> | <b>1 137 876</b> | <b>4 045 648</b> | <b>186 269 499</b> | <b>17 615 625</b> |

\*Note: Additional antigen RDTs are in process of being procured and shipped

For further information on the **COVID-19 supply chain system**, see [here](#).



## Appeals

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

**As of 12 November 2020**

### Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US\$1.74  
BILLION**

WHO's current funding gap against funds received stands under the updated SPRP

**US\$150.5  
MILLION**

The status of funding raised for WHO against the SPRP can be found [here](#)

### Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550  
MILLION**

WHO current funding gap

**US\$55  
MILLION**

Global WHO GHRP allocation

**US\$495  
MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. [Link](#)



## WHO Funding Mechanisms

### COVID-19 Solidarity Response Fund

As of 13 November 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 237 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 651,000 individuals together contributed more than US\$ 237 million in fully flexible funding to support the WHO-led global response effort

**More than US\$ 237 Million**



**651 000** donors

[individuals – companies – philanthropies]

### The WHO Contingency Fund for Emergency (CFE)

WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

**US\$ 8.9 Million released**

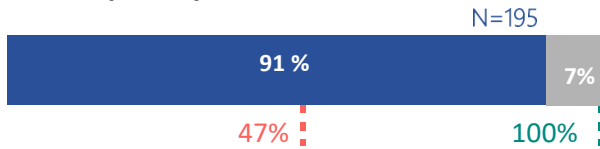
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).



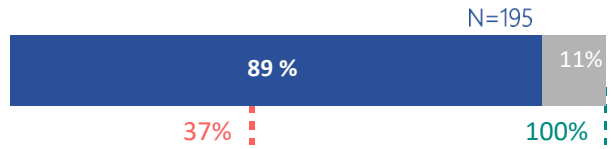


### COVID-19 Global Preparedness and Response Summary Indicators <sup>a</sup>

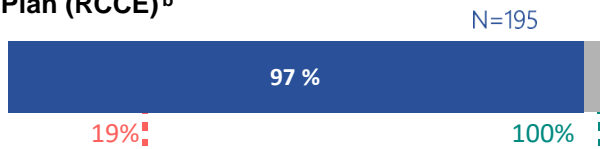
Countries have a COVID-19 preparedness and response plan



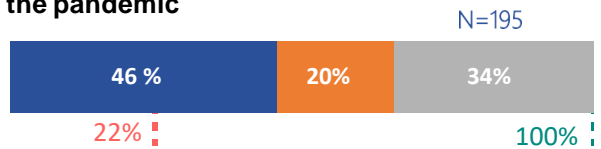
Countries have a clinical referral system in place to care for COVID-19 cases



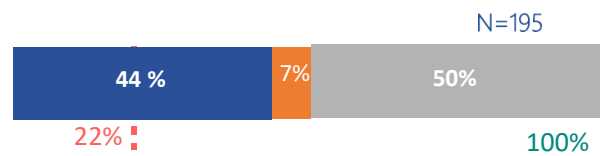
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) <sup>b</sup>



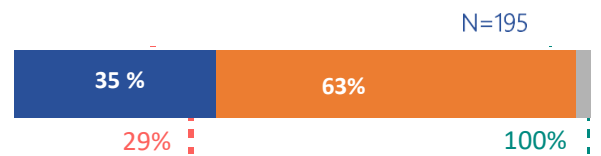
Countries that have defined essential health services to be maintained during the pandemic



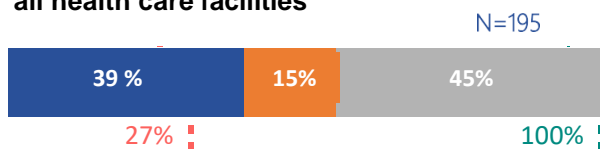
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



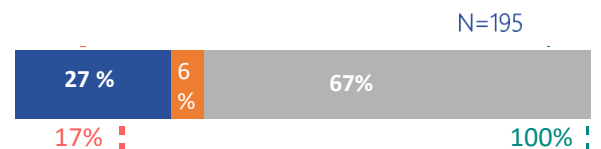
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



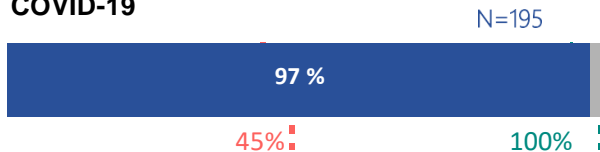
Countries with a national IPC programme & WASH standards within all health care facilities



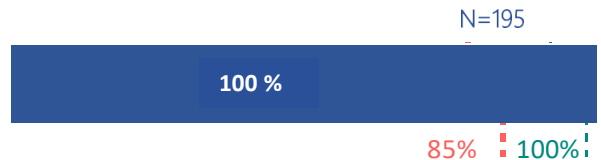
Countries have a health occupational safety plan for health care workers



Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



Countries have COVID-19 laboratory testing capacity



#### Legend



Notes:

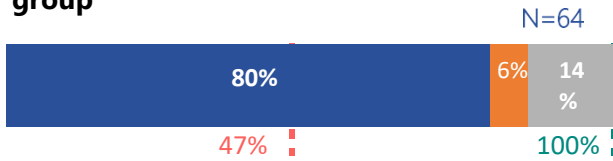
a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO



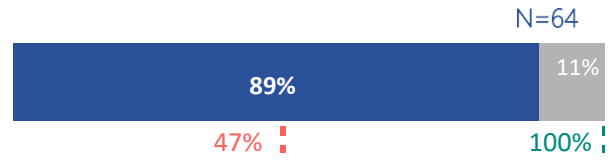
### COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

#### Priority countries with multisectoral mental health & psychosocial support working group



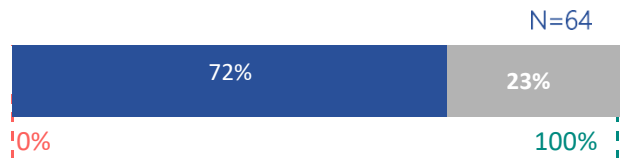
#### Priority countries with an active & implemented RCCE coordination mechanism



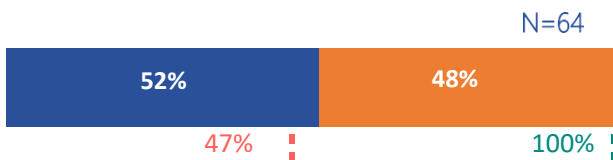
#### Priority countries that have postponed at least 1 vaccination campaign due to COVID-19<sup>c</sup>



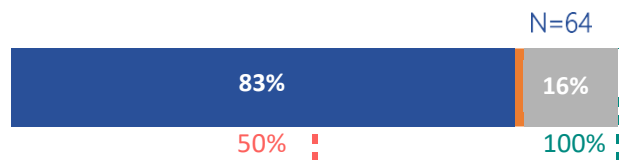
#### Priority countries with a contact tracing focal point



#### Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



#### Priority countries with an IPC focal point for training



**Legend**

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: <sup>c</sup> Source: WHO Immunization Repository



### The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



### Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



### Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19





## Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
  - [African Regional Office](#)
  - [Regional Office of the Americas](#)
  - [European Regional Office](#)
  - [Eastern Mediterranean Regional Office](#)
  - [Southeast Asia Regional Office](#)
  - [Western Pacific Regional Office](#)
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)